

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

2003 APR -3 PM 12:00

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX				
David Fernandez					Date Received ✓
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked	
	P.O. Box 242216 San Antonio, TX 78224				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI			Receipt # Amount	
	NICKNAME LAST SUFFIX			Date Processed	
Ernest J. Martinez					Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
446 Drake San Antonio, TX 78222					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
(210) 710-1627					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 15 / 03 04 / 03 / 03				
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
05 / 03 / 03		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
N/A		City Council District 4			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2003 APR -3 PM 12:09

14 C/OH NAME

David Fernandez

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,202

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

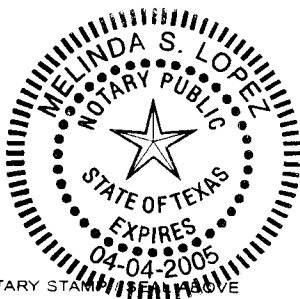
4. TOTAL POLITICAL EXPENDITURES

\$ 1,380.39

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David Fernandez, this the 3rd day of April, 2003, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SA
CITY CLERK
2003 APR -3 PM 12:09

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/22/03

5 Full name of contributor

☐ out-of-state PAC (ID#:

David Longoria

6 Contributor address; City; State; Zip Code

13375 Pecan Glade SA TX 78249

7 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/29/03

Full name of contributor

☐ out-of-state PAC (ID#:

Elaine Mata

Contributor address; City; State; Zip Code

3011 Fort Parker Dr. SA TX 78211

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/29/03

Full name of contributor

☐ out-of-state PAC (ID#:

Daniel & Doris Clevenger

Contributor address; City; State; Zip Code

407 Wayside Dr.

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/29/03

Full name of contributor

☐ out-of-state PAC (ID#:

Vernon & Elisabeth Priessing

Contributor address; City; State; Zip Code

1915 Serene Valley SA TX 78227

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/5/03

Full name of contributor

☐ out-of-state PAC (ID#:

George Garcia

Contributor address; City; State; Zip Code

563 Wilcox SA TX 78211

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR -3 PM 12:00

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/29/03

5 Full name of contributor

☐ out-of-state PAC (ID#:

Marcelo Casillas

6 Contributor address; City; State; Zip Code

115 Wainwright SA. TX 78211

7 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/24/03

Full name of contributor

☐ out-of-state PAC (ID#:

David Fallin Jr.

Contributor address; City; State; Zip Code

191 Shadow Valley Dr. SA. TX 78227

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/1/03

Full name of contributor

☐ out-of-state PAC (ID#:

Gloria Gutierrez

Contributor address; City; State; Zip Code

1502 Parnell SA TX 78224

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/29/03

Full name of contributor

☐ out-of-state PAC (ID#:

Rita C. Stoddard

Contributor address; City; State; Zip Code

134 Callaghan Ave. SA TX 78210

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/29/03

Full name of contributor

☐ out-of-state PAC (ID#:

George Provost

Contributor address; City; State; Zip Code

267 Harrow, SA TX 78227

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>David Fernandez</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/28/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard Davidson</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>232 W. Gaig SA TX 78212</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>4/29/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>George Longoria</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1807 Peterson SA TX 78224</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1/20/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Penny Costello</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1438 W. Hutchins SA TX 78224</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>3/1/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joseph London</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>106 Konfiki SA TX 78242</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>3/3/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim Johnson</i>	Amount of contribution (\$) <i>\$170.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>138 Pereira SA TX 782</i>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 APR -3 PM 12:09

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1:	
2 FILER NAME <i>David Fernandez</i>				3 ACCOUNT # (Ethics Commission files)	
4 Date <i>3/24/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arnold Flores</i>		7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>7762 Crooked Rd. SA. TX 78254</i>					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date <i>3/25/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>W. Martinez</i>		Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>301 S. Frid SA TX 78207</i>					
Principal occupation (Optional)			Employer (Optional)		
Date <i>2/18/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arnold Flores</i>		Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>7762 Crooked Rd SA. TX 78254</i>					
Principal occupation (Optional)			Employer (Optional)		
Date <i>2/3/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>G.W. Harcourt</i>		Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>810 Wiltshire SA. TX 78209</i>					
Principal occupation (Optional)			Employer (Optional)		
Date <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gabriel Perales Jr.</i>		Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>7800 IH 10 W., Ste 320 SATX 78230</i>					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR -3 PM 12:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Subway #2917

7

Amount
(\$)

1/19/03

6 Payee address; City; State; Zip Code

1135 A SW Military Dr. SA TX 78221

13.03

8 Purpose of payment (See instructions regarding type of information required.)

Campaign meeting

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Andreas

Amount
(\$)

1/21/03

Payee address; City; State; Zip Code

2525 SW Loop 410

14.92

Purpose of payment (See instructions regarding type of information required.)

Campaign meeting

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Barbra Wise Grill

Amount
(\$)

1/23/03

Payee address; City; State; Zip Code

620 S. Prosa SA TX 78210

15.53

Purpose of payment (See instructions regarding type of information required.)

Campaign meeting

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Mi Tierra

Amount
(\$)

1/24/03

Payee address; City; State; Zip Code

218 Produce Row SA TX 78207

15.37

Purpose of payment (See instructions regarding type of information required.)

Campaign meeting

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

2003 APR -3 PM 12:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

USPS

7 Amount (\$)

1/24/03

6 Payee address; City; State; Zip Code

Tejeda Station SA TX 78224

34.50

8 Purpose of payment (See instructions regarding type of information required.)

Postage

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

USPS

Amount (\$)

1/27/03

Payee address; City; State; Zip Code

Tejeda Station SA TX 78224

58.00

Purpose of payment (See instructions regarding type of information required.)

Postage

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Office Depot

Amount (\$)

2/26/03

Payee address; City; State; Zip Code

2321 SW Military Dr. SA TX 78224

102.83

Purpose of payment (See instructions regarding type of information required.)

Campaign Supplies

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Allied Advertising

Amount (\$)

2/27/03

Payee address; City; State; Zip Code

3700 Blanco Rd SA TX 78212

816.00

Purpose of payment (See instructions regarding type of information required.)

Campaign signs

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

2003 APR -3 PM 12:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/21/03

5 Payee name

Sea Island

6 Payee address; City; State; Zip Code

2119 SW Military Dr SA TX 78224

7 Amount (\$)

12.01

8 Purpose of payment (See instructions regarding type of information required.)

Campaign meeting

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/23/03

Payee name

USPS

Payee address; City; State; Zip Code

Tegda Station SA TX 78224

Amount (\$)

69.00

Purpose of payment (See instructions regarding type of information required.)

Postage

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/25/03

Payee name

USPS

Payee address; City; State; Zip Code

Tegda Station SA TX 78224

Amount (\$)

19.00

Purpose of payment (See instructions regarding type of information required.)

P.O. Box

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/25/03

Payee name

Chili's

Payee address; City; State; Zip Code

South Park mail SA TX 78224

Amount (\$)

38.83

Purpose of payment (See instructions regarding type of information required.)

Campaign meeting

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR -3 PM 12:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

1/30/03

Don Herrera

6 Payee address; City; State; Zip Code

Paso Valley SA TX 78242

7 40.00

8 Purpose of payment (See instructions regarding type of information required.)

Gas reimbursement

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

1/27/03

Office Depot

Payee address; City; State; Zip Code

2321 SW Military Dr

20.81

Purpose of payment (See instructions regarding type of information required.)

Campaign supplies

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

3/8/03

Don Herrera

Payee address; City; State; Zip Code

Paso Valley

20.00

Purpose of payment (See instructions regarding type of information required.)

Gas reimbursement

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

3/17/03

Kinkos

Payee address; City; State; Zip Code

4418 Broadway

SA TX 78209

18.50

Purpose of payment (See instructions regarding type of information required.)

Campaign supplies

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR -3 PM 12:10

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/27/03

Handy Andy # 717

6 Payee address; City; State; Zip Code

7141 Hwy 90 W SA TX 78227

\$ 11.41

8 Purpose of payment (See instructions regarding type of information required.)

Campaign refreshments

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/28/03

Office Depot

Payee address; City; State; Zip Code

2321 SW Military Dr. SA TX 78224

\$ 60.57

Purpose of payment (See instructions regarding type of information required.)

Campaign supplies

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**-3 PM12:10
2003 APR

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Becky Gonzalez

8 Amount
(\$)

6 Payee address; City; State; Zip Code

1352 Beverly Ann

680⁰⁰

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign Signs

☒ Reimbursement
from political
contributions
intended

Date

Payee name

Bobs Printing

Amount
(\$)

Payee address; City; State; Zip Code

1626 Fredericks burg Rd SA TX 78201

356.75

Purpose of expenditure (See instructions regarding type of information required.)

Invitation (Fundraiser)

☒ Reimbursement
from political
contributions
intended

Date

Payee name

Mungta Printing

Amount
(\$)

Payee address; City; State; Zip Code

2201 Buena Vista SA TX 78207

784.37

Purpose of expenditure (See instructions regarding type of information required.)

Campaign mailer

☒ Reimbursement
from political
contributions
intended

Date

Payee name

Diamond Shmrock

Amount
(\$)

Payee address; City; State; Zip Code

7715 S. Zarzamora

25.78

Purpose of expenditure (See instructions regarding type of information required.)

Gas - Campaign helper

☒ Reimbursement
from political
contributions
intended

Date

Payee name

Allied Advertising

Amount
(\$)

Payee address; City; State; Zip Code

3700 Blanco Rd SA TX 78212

290.31

Purpose of expenditure (See instructions regarding type of information required.)

Campaign shirts

☒ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

2137.21